

City of Maple Valley Parks & Recreation Department

2014 Independent Contractor Instructor Handbook

This packet contains all of the necessary information regarding
teaching a class for
Maple Valley Parks & Recreation Department



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Instructor Opportunities

Interested in Teaching?

The City of Maple Valley Parks and Recreation Department is always looking for new class ideas taught by qualified instructors. If you have a special skill or are particularly knowledgeable about a subject and would like to share it with others, we would be interested in receiving a proposal for a class, clinic or workshop. Please take the time to look through the latest Rec Guide to make sure that we are not already offering the class or something similar.

Applications are accepted anytime; however, please plan for a start date three (3) months ahead. Please be aware the indoor facility space at Lake Wilderness Lodge is limited and reserved for ongoing classes. If you have your own facility, it must be in the immediate area.

Currently Seeking

Adult Dance
Adult Drawing
Photography
Floral Arrangement
Investment Classes
Jewelry Making
Karate or Martial Arts
Mommy and Me Classes
Many more...

Not Currently Interested

Stroller Strides
Tai-Chi
Tennis Lessons
Yoga
Youth Art
Youth Cheerleading
Youth Clay Classes
Youth Dance
Zumba

Please review current classes before submitting an application

If we decide to select your proposal, we will notify you. If we are unable to integrate your proposal into our current offering of classes, we will keep it on file for one year.

Make sure to include a resume detailing class experience and a sample class outline.

Additional requirements if selected:

- Background Check
- Insurance (depending on risk level of class)
- Enter into a one (1) year contract with the City

Submit your application in person or by mailing to:

City of Maple Valley
Parks and Recreation
ATTN: Mark Ratcliffe
PO Box 20
Maple Valley, WA 8038

If you have further questions about your application or contract, please contact Mark Ratcliffe at 425-432-9953 or email to mark.ratcliffe@maplevalleywa.gov

**Instructor Percentage:**

The percentages paid around the United States for contracted instructors working in a municipal Parks & Recreation setting varies but averages about 65%.

Our current contractor percentage split is 70/30 with 70% to instructor and 30% to City of Maple Valley.

When deciding on your fees, please indicate if a “drop in fee” or pro-rating is an option and what that fee is. This information must be included in the class descriptions you provide. Pro-rating is not encouraged.

Room Assignments:

The assignment of classrooms will be based on potential or actual revenue generated – smaller classes will need to be moved to other rooms or cancelled if the revenue does not warrant use of a specific room.

Rooms Available:

- Dance Room 23'x47' wood floor, windows, mirrors, outside access, no sound system, view of lake, capacity 25 – 30 active
- Grooms Room 23'x28' – carpeting with partial wood floors, windows, mirrors, outside access to patio, portable sound system, view of lake, capacity 12-15 active
- Upper - main lodge 55'x 35' - carpeting, windows, outside access to deck, sound system, view of lake, capacity sitting 75, Active 40
- Lower main lodge 55'x 35' - carpeting, windows, sink, outside access to covered patio, no sound system, view of lake, capacity sitting 75, active 40
- North Wing (Large room) carpeting, windows, white board, no sound system, view of lake, capacity 45
- North Wing (Small Room) carpeting, white board, windows, no sound system, view of lake & mountain, capacity 30
- Community Rooms
 - Large Room - windows, Tile floor, white board, sink, outside access, no sound system, view of lake & mountain, capacity 45
 - Small Room - windows, white board, sink, outside access, no sound system, view of lake & mountain, capacity 25

Medical Forms Needed From All Students –instructor to collect and keep annually

- See Medical Form included in this packet for template to use or make your own.

Insurance

The City of Maple Valley must be listed as additionally insurance in the “Certificate Holder” box and a copy of the Endorsement Page from the policy with the policy number matching the certificate. See more on insurance on Page 6.



ONCE THE RECREATION MANAGER CONTACTS YOU WITH APPROVAL FOR
THE NEW CLASS THESE STEPS NEED TO BE COMPLETED FOR THE
CONTRACT PROCESS:

Please provide the following to the Recreation Manager to finalize the contract process:

- Service Provider Official Name, Business address, phone number, fax number and e-mail
- Type of company – LLC, sole proprietor, corp., etc.
- Tax identification number or social security number
- Service provider contact person
- Type of Instructions (Dance, Art, Painting, etc.)
- End date of contract (expires annually)
- Proof of insurance adding City of Maple Valley as an additional insured and Endorsement Page

Note: Contract – Expires annually

Routing of Contract:

Once all the above is turned into the Recreation Manager, it will be routed to The City Clerk's Office to be reviewed by the City Attorney and City Manager. This takes approximately one week. Following this you will receive two copies through postal mail; please return one copy and retain the other for your records.

Marketing for class:

Once the class is approved and finalized, it's time for you to begin your creative planning and marketing.

This is when you should bring colorful and creative flyers to promote each class. These will be posted in the kiosks and brochure racks. Please email a version in Word or Publisher 2003 for proofing and a content check.

Contact info:

Mark Ratcliffe
Recreation Manager
City of Maple Valley Parks & Recreation
Direct: 425.413.6664
Office: 425.432.9953
Cell: 206.391.4463
Fax: 425.432.9974

Mark.Ratcliffe@maplevalleywa.gov



Below are guidelines for determining insurance requirements for contracted instructors of Maple Valley Parks & Recreation programs. Each class or activity will be individually reviewed by the City's Risk Management staff for its proper placement in one of the two specific categories below.

I. Passive Activities or Classes – These activities have a low liability of risk and the City of Maple Valley shall not require general liability insurance be provided for these activities if they are held in a group setting. These activities shall include, but not be limited to the following:

- Social games - card *playing*, board games, etc.
- Arts and craft classes – *painting*, drawing, sketching, sewing, quilting, etc.
- Lectures & seminars
- Music or singing classes
- Armchair travel classes
- Language, history and cultural classes
- Clowns, characters, magicians, face painting classes or entertainers
- Photography classes
- Stage bands and music performances
- Video or computer games and classes

II. Active Activities or Classes - These activities have a moderate or high liability of risk and require the contractor to provide insurance to the levels listed below. These activities shall include, but not be limited to the following:

- Martial arts (contact or non-contact) - *Tai-chi*, Karate, Self-defense classes or training, etc.
- Triathlons, jogging, running or training classes
- Boxing or any bodily contact activities
- Science activities or instruction
- Swimming, boating or lake activities
- Arts Classes using heat, fire, fuel or a moving wheel or parts - *sculpture*, pottery etc.
- Pet training classes
- Classes for archery, fishing, hunting, guns, etc.
- Athletic activities or active camps and clinics
- Equestrian activities or cycling & biking activities
- Pony or animal rides, petting zoos, animal acts and stage shows
- Classes for dance
- Sporting activities - *golf*, fishing, tennis, etc.
- Cheerleading or jumping activities
- All exercise/aerobic classes - *Yoga*, Stroller Strides, Zumba. Etc.
- Cooking or baking classes or workshops

At no time may a contracted instructor provide transportation to participants for any reason.

Insurance Amounts

The City of Maple Valley **shall be added as additional insured** and shall require at a minimum the following:

1. **Commercial General Liability insurance** shall be written with limits no less than \$1,000,000 each occurrence, \$2,000,000 general aggregate.
2. **Professional Liability insurance** shall be written with limits no less than \$1,000,000 per claim and \$1,000,000 policy aggregate limit.
3. **Proof of Automobile Liability insurance** must meet the minimum State of Washington requirements and the carrier providing the liability policy must be licensed to do business in Washington State.

RECREATION GUIDE CLASS DESCRIPTION

2014 Session Dates:

Spring/Summer 2014 – Rec Guide Info due to Recreation Manager by 2/12/14.

Registration Opens 3/17 Classes run from April-August

Fall 2014- Rec Guide Info due to Recreation Manager by 6/16/14.

Registration Opens July 28th Classes run from September-November

Winter 2014- Rec Guide Info due to Recreation Manager by 10/20/14

Registration Open 12/1 December –March

Required information to provide to Recreation Manager

1. You must indicate if your classes can be prorated if people want to register late. If so, how much are you charging?
2. Rates for Drop in students, if permitted? Provide cards to use.
3. Class minimums and maximums for each class
4. Current room using and indicate the preferred room you would like **if** availability can be arraigned.
5. Include any logos or pictures, or text links to use – I need to be able to copy and paste it. If it was used in the last edition then we have it but, please request to have it included.
6. Include the instructor name in each description
7. A new Proposal Form for any new classes you may want to offer – including expansion of current classes.
8. Below is this exact format to be used for each class
9. Your answers to the FAQ sheet below
10. Make your class descriptions exciting and fun.

Note: While not ideal - when using: **A one-time materials fee of \$_____ to be paid to the instructor.** Be sure to include what it's for and don't overcharge. It's really better to just include any materials in the price of the class.

2014 Lodge Closed Dates

Days to avoid – Lodge is not available or closed.

- January 1st & 20th
- February, 17th
- May 26th
- July 4th
- September 1st
- November 11th, 27th & 28th
- December 3rd & 25th

2014

Tahoma School District Vacations

- Mid-Winter Break – 2/17 – 2/21
- Spring Break 4/7 -4/11

Send to: **Mark Ratcliffe**, Recreation Manager at mark.ratcliffe@maplevalleywa.gov

EXAMPLE

Catchy Class Title Here

The short but creative description goes just above the dates, times, fee etc. Please spell checks each one. Include your contact info if needed – website, phone etc. The last thing should be the instructor's name: **Instructor: Jane Doe**

Monthly Session Fee: Guarantees your space in class.

Drop in: \$12 – participation on a space available basis.

5 Class Card: \$55 – participation on a space available basis.

AGE	DAY	DATE	TIME	FEE
5-17	M/W	9/10 – 11/19	6:30 – 8p	\$39

Drop in rate \$_____. Pay in office prior to class or

Prorated per class fee is \$_____

Other payment info here...

A one-time materials fee of \$_____ to be paid to the instructor (Not Recommended)

ABSENCES, SUBSTITUTES, REFUNDS & COURSE CANCELLATIONS

- A. Absences: If an instructor is ill or unable to meet with his/her class, the instructor must notify the facility where the course is scheduled. If the course is scheduled in a Park or at an unstaffed facility the instructor must notify the Recreation Manager at the number s/he provides. It is the Instructor's responsibility to notify students of a course cancellation of this nature.
- B. Substitutes: An instructor may arrange for a substitute provided that substitutes are approved through the City's background check policy. Substitutes, who are not Contract Instructors with the City of Maple Valley, must submit an Instructor Application, enter into a Recreation Services Contract and successfully complete a background check before instructing.
- C. Refunds/Withdrawals: For classes meeting more than one day, students may receive a refund if they withdraw within 72 hours prior to the second class meeting. No refund will be given for one day seminars if cancellation is not received within 72 hours prior to the start date. Instructors will be compensated based on the revenue after final registrations.
- D. Course Cancellations: The City of Maple Valley reserves the right to cancel, combine or divide courses; to change the time, date or place of courses; to change the instructor; and to make other changes which become necessary to ensure a quality experience for the participants. If the Recreation & Parks Department cancels your course, the Department will notify students and issue any necessary refunds.



TIPS FOR WRITING COURSE DESCRIPTIONS

Writing convincing course descriptions will determine the success or failure of your class. Other than actually teaching your class this will be the most important thing you'll do to find new students. The instructors who spend quality time providing creative and effective descriptions that grab the reader and entice them to register are the same ones worrying how to handle the additional students who want to register. Here are some of the top tips for writing course descriptions.

1. Use the second or “you” person

Write your descriptions using the second person. Use “you” or imply you in your descriptions. Do not use the third person, such as “students will” or “participants will find.”

2. Create an engaging first sentence

The first sentence is the most important of all. Spend time on the first sentence, especially the first six to seven words. The first sentence needs to be engaging. Outcomes, fascinating facts, definitions, and new information are all good openers.

3. Use action verbs

The worst opening line is “This class will...” Instead, use action verbs like discover, acquire, get, take home, and find out. Save the word “learn” for the second or third sentence.

4. Vary words and techniques

Vary your words and writing techniques for your course descriptions. Do not have each description read the same. Get out a thesaurus or go online and find alternative words.

5. Spice it up

If you have a successful course, do not modify the course description. But for those courses just doing average or below, jump start those with some juicy words, those rarely used words that have impact.

6. Word Count

Your course description should be between 60 and 100 words and provide in MS Word and in the requested format.



HOW THE RECREATION DEPARTMENT PROMOTES YOUR CLASS

We are now asking more from our contracted instructors and our success only comes if you are successful. For this reason the city has committed to investing several thousands of dollars in some new and improved marketing concepts and ideas which are sure will result in an improved bottom line solution for all.

All contracted instructors selected to teach for the city will receive the following marketing solutions as part of their contract.

- **Official Parks & Recreation Guide** – Your information promoted in full color as part of the new detailed Recreation Guide mailed directly to over 12,000 households - 3 times a year
- **Website** – The City's website is receiving new visitors daily who are looking for recreation activities. The city's website www.maplevalleywa.gov averages 5000 visitors per month
- **Online Registration** – The website is fitted with a registration module so the public can easily sign up for your class check it out at www.maplevalleywa.gov
- **Press Releases** – The department provides program information to our two local media outlets Voice of the Valley and MV Reporter
- **Signage around town** – Marketing via banners posted around the City as ordinances permit
- **Flyers** – Supplying color copies of your flyers or handouts for your classes is available You make - We proof and print up to 25 at one time.
- **E-Notices** – The website comes with the ability to generate email notices to past participants. This option will be implemented more as the database grows
- **Tahoma School District** – They have graciously agreed to include a link to our website
- **Rec Guide distribution around town** – In addition to the guide being mailed directly to over 12,000 households 3 times a year; it will also be delivered to many local outlets where they can be easily picked up
- **Special Events** – The city hosts several special events throughout the year and the mobile Parks & Recreation kiosk is always there selling your classes
- **Kiosks around the Park and Lodge** – Each month several outside marketing kiosks around the Lodge and Park are updated with the most current news and offerings of the department

Ideas to Promote Your Classes Yourself

Publicity and marketing is a lot of work and takes time. The contracted Instructors we have who are successful work diligently to market their classes in ways the city does not. Below are some to try!

Any marketing using the city logo for a city activity must be approved in advance and distributed in a manner representing the city's marketing principles and strategies.

A couple things to avoid: When promoting your classes, refrain from using ads on private mailboxes and also from donating your class and or services for charitable auctions. Remember 30% of your fee is contracted to the City of Maple Valley and therefore not available to donate.

Become a Speaker

Contact a local Lions Club, Rotary Club and volunteer your talents as a speaker on a subject related to your class. Do not forget to plug your class in the speech. A list of all local service clubs is available online.

Direct Mailing of Post Cards

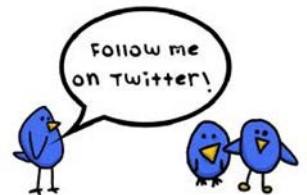
The least expensive method for contacting individuals is US Mail. Make sure you maintain a good mailing list.

Email List of Students

Develop a list of emails from your class rosters and promote future classes. Don't abuse or SPAM

Social Networks

Marketing on Twitter, Facebook and other social media outlets is a top way of promoting your classes. Due to legal and staffing issues the City is currently just beginning to use these mediums and hopes to have a more active presence in the near future. That said, all contractors are encouraged to use this growing trend in the industry. What you should never forget is to always provide useful information and actual and useful knowledge.



Top results are currently being received when our instructors use their social media efforts and refer any perspective students to the City's website at www.maplevalleywa.gov.

Make a blog, eBook, Forum or Newsletter

Maintaining an active blog in order to support your classes or activity is the best thing to do. Update it 2 or 3 times a week with engaging, useful and informative content (NOT boring advertising stuff).

Purchase Print Advertising

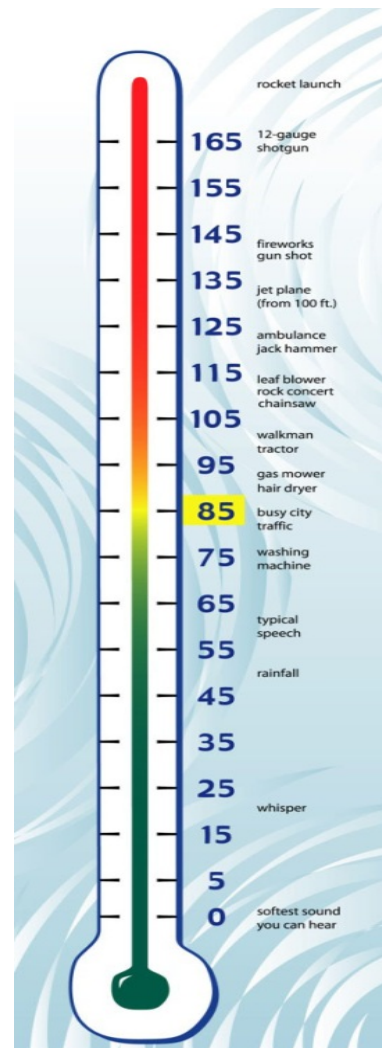
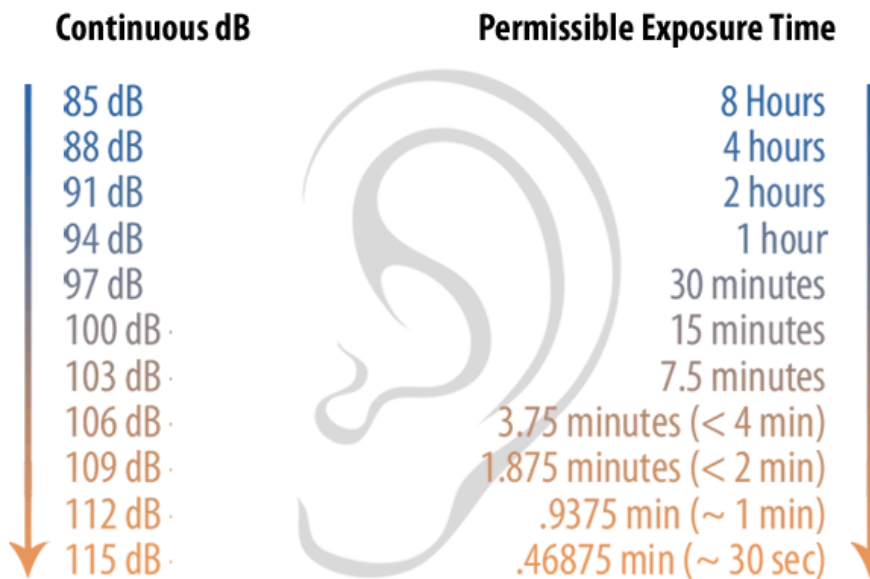
Display ads in newspapers, Coffee News, flyers distributed through the Voice of the Valley newspaper or Covington/Maple Valley Reporter, posters around town on community bulletin boards, etc.



Use your imagination and think out of the box!

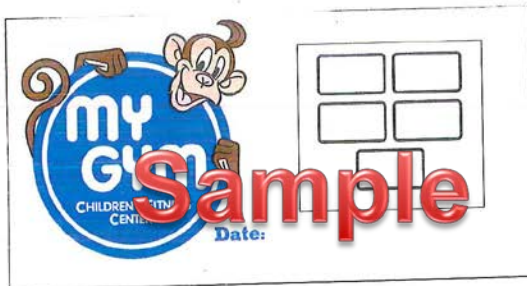
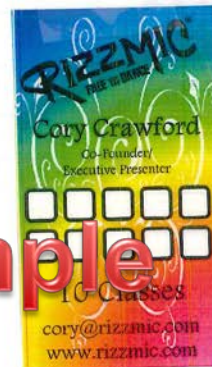
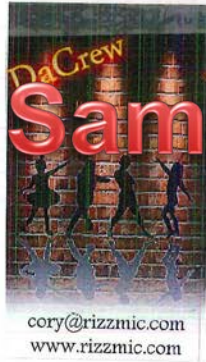
SAFE MUSIC LEVELS

For the protection of public health the Parks & Recreation Department requests that your classes be within safe decibel (dB) levels. Please be considerate to others in the building and keep those in your class safe! If you have questions or would like to check your class's decibel levels the Recreation staff is available to check your levels.



PUNCH CARD SAMPLES

Please provide 10 punch cards and 10 drop in cards at the start of your classes each session.
Here are some samples.



Policy Number:

Owners, lessees Or Contractors (Form C)

ADDITIONAL INSURED

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

LIABILITY COVERAGE PART.

Name of Person or Organization

The City of Maple Valley
PO Box 320
Maple Valley, WA 98038

Schedule

Sample

1. SECTION II - WHO IS AN INSURED is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.
2. With respect to 1. Above the following additional provision applies:

SECTION IV. 5. Other Insurance is replaced by the following:

5. Other Insurance.

The insurance afforded by this Coverage Part is primary insurance and we will not seek contribution from any valid and collectible "other insurance" available to the insured unless the

valid and collectible "other insurance" is provided by a person or organization who is not shown in the schedule. Then we will share with that valid and collectible "other insurance" by the method described below.

If all of the valid and collectible "other insurance" permits contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first

If any of the valid and electable "other insurance" does not permit contribution by equal shares, we will contribute by limits. Under this method, each Insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

INVOICING: REQUEST FOR PAYMENT PROCEDURES FOR CONTRACTED CLASS INSTRUCTOR



AS OF 1/02/14 ALL INSTRUCTORS ARE REQUIRED TO FOLLOW THE REVISED PROCEDURES LISTED BELOW WHEN REQUESTING PAYMENT

PICK UP ROSTER PRIOR TO EACH CLASS:

Request your class roster prior to each class and use to take attendance.

CHECKING YOUR COURSE ENROLLMENT:

You can inquire about your enrollment at any time. The Recreation Administration Office can be reached at 425-432-9953 or check online at www.maplevalleywa.gov

REQUESTING ROSTERS FOR INVOICING:

The Parks & Recreation class rosters are to be used to calculate instructor payments. The final rosters with session totals are available (after the last class) by contacting the office staff during business hours at 425-432-9953 or emailing per the below contacts:

M-TH 8:00 am – 5:00 pm deanna.parsons@maplevalleywa.gov
M,T,TH,F 1:00 – 4:30 pm michael.henrich@maplevalleywa.gov

PAYMENT PROCESS:

Invoices must be received by the Recreation Manager (mark.ratcliffe@maplevalleywa.gov) or his designee by **Noon on the 1st or 3rd FRIDAY** following the last class of the session.

Payment can be expected via US mail within 14 days - if the above timeline is met. Holidays and staff schedules may cause delays; we encourage promptness when submitting requests for payment.

Invoices can be submitted using the template in this handbook or if you use your own template please include: Instructor Information, Course Information, Account Summary, Fee Breakdown, Totals and Signature.

Contact: Mark Ratcliffe
Recreation Manager
425.432.9953
mark.ratcliffe@maplevalleywa.gov

REVISED 12/15/13

INVOICE

Instructor Information

Name

E-mail Address

Mailing Address

City

Zip

Phone #

Class Information

Class Title

Class Start Date

Class End Date

Class Times

Class Ages

Billing Breakdown

Product	Participants	Class Fee	Total
Registrations			\$ -
Punch Cards			\$ -
Drop-ins			\$ -
Adjustments (refunds, credits, pro-rations, etc.)			\$ -
Total Collected			\$ -

Division of Funds

Amount to City (30%)	\$ -
Amount to Instructor (70%)	\$ -

Total Amount Due to Instructor

\$ -

Instructor Signature

Date

Please submit all invoices to

Mark Ratcliffe

Maple Valley Parks & Recreation

P.O. Box 320

Maple Valley, WA 98038

T 425/432-9953

F 425/432-9974

mark.ratcliffe@maplevalleywa.gov

2014 CLAIMS DUE DATE SCHEDULE

City of Maple Valley invoices are approved for payment by the City Council on the 2nd and 4th Monday of each month. If a Council meeting falls on a holiday, vouchers are approved on the following day (Tuesday). The only exception is December when we are preparing to close out the year.

The following is a list of Audit Committee meeting dates along with the dates when invoices and requests are **DUE INTO FINANCE**. **PLEASE NOTE: PW Contracts are due the Monday prior to invoices.** If you have any questions, please email finance2@maplevalleywa.gov.

Any requests for exceptions to any of these dates must be submitted to and approved by the Finance Director.

INVOICES & REQUESTS DUE ON OR BEFORE	AUDIT COMMITTEE	CHECK RELEASE
Friday – Jan 3	Wednesday – Jan 8	Tuesday – Jan 14
Friday – Jan 17	Wednesday – Jan 22	Tuesday – Jan 28
Friday – Jan 31	Wednesday – Feb 5	Tuesday – Feb 11
Friday – Feb 14	Wednesday – Feb 19	Tuesday – Feb 25
Friday – Feb 28	Wednesday – Mar 5	Tuesday – Mar 11
Friday – Mar 14	Wednesday – Mar 19	Tuesday – Mar 25
Friday – Apr 4	Wednesday – Apr 9	Tuesday – Apr 15
Friday – Apr 18	Wednesday – Apr 23	Tuesday – Apr 29
Friday – May 2	Wednesday – May 7	Tuesday – May 13
Friday – May 16	Wednesday – May 21	Wednesday – May 28
Friday – May 30	Wednesday – Jun 4	Tuesday – Jun 10
Friday – Jun 13	Wednesday – Jun 18	Tuesday – Jun 24
Thursday – Jul 3	Wednesday – Jul 9	Tuesday – Jul 15
Friday – Jul 18	Wednesday – Jul 23	Tuesday – Jul 29
Friday – Aug 1	Wednesday – Aug 6	Tuesday – Aug 12
Friday – Aug 15	Wednesday – Aug 20	Tuesday – Aug 26
Friday – Aug 29	Wednesday – Sep 3	Tuesday – Sep 9
Friday – Sep 12	Wednesday – Sep 17	Tuesday – Sep 23
Friday – Oct 3	Wednesday – Oct 8	Tuesday – Oct 14
Friday – Oct 17	Wednesday – Oct 22	Tuesday – Oct 28
Friday – Oct 31	Wednesday – Nov 5	Tuesday – Nov 11
Friday – Nov 14	Wednesday – Nov 19	Tuesday – Nov 25
Wednesday – Nov 26	Wednesday – Dec 3	Tuesday – Dec 9
Friday – Dec 12	Wednesday – Dec 17	Tuesday – Dec 23
Friday – Jan 2	Wednesday – Jan 7	Tuesday – Jan 13

SAMPLE SCOPE OF WORK

_____ will provide multiple levels and styles of _____ instruction.

The instructor will: **will change per the class details**

- *teach multiple levels and styles of yoga and fitness instruction*
- *plan classes and workshops to build strength, flexibility, balance and will also incorporate relaxation, breathing and meditation techniques*
- *make curriculum modifications that will enable students of all levels to participate*
- *plan levels following a progression that is used in subsequent class levels*
- *provide cards to be used for drop in students as well as punch cards to be sold*
- *supply and use of props, such as blocks, belts and blankets, assists students in attaining the postures based on individual needs*

Conditions: **Don't change**

Classes will be taught each quarter throughout the duration of the contract. Specific dates and times will be arranged with the instructor and The City of Maple Valley Parks & Recreation staff.

Only clear liquids and no food permitted in the class Rooms.

Instructor is responsible to request, track and retain medical & waiver forms from all students annually

Under no circumstances are instructors permitted to transport any participants attending their class.

Attendance is to be taken at every class using the City provided roster. Any discrepancies are to be resolved by the instructor after consulting with the Parks & Recreation office staff responsible for the department's registration program. All discrepancies must be resolved immediately upon notice; should that not be possible, by the following business day.

Instructors are responsible to clean & pick up after their students and spectators. This includes wiping mirrors, vacuuming, and disposal of all trash. Instructor will be responsible for any cleaning fees beyond normal use.

Spectators and children must be supervised at all times – no running, yelling or playing on the stairs or in the elevator.

As a courtesy to the staff working in the different offices located throughout the Lodge, all instructors are responsible to ask all spectators, parents and their children to remain calm before during and after classes. Please no running and loud voices inside.

Should the scheduled room become needed for a City function or large revenue producing event the class will be moved or canceled.

All adult volunteers, instructors and assistants are required to register as official volunteers of the City (see P & R Office for paperwork) and pass a background check

Prior to teaching, all instructors are responsible to provide information for a background check. Anyone failing a background check will not be permitted to work under this contract.

SOCIAL SECUTIRY AND W-9 FORM

The City Maple Valley will not withhold money for social security or federal income tax. Annual payments to the "Independent Contract Instructor" from the City in excess of \$600 will be reported to the Internal Revenue Service. It is the contractor's responsibility to satisfy any taxes due by the contractor in an appropriate manner.



The Form W-9 is an information return. It is commonly used by Cities that hire independent contractors.

The purpose of the W-9 is to gather a payee's correct tax information, including name, current address, and taxpayer identification number (TIN). The TIN is a payee's Social Security number (SSN) or Employer Identification Number (EIN).

The W-9 is not directly collected by the IRS. It is used by cities to gather a payee's tax information and subsequently included in that entity's 1099 form, which reports miscellaneous payments other than wages, typically those made to third parties or independent contractors. A W-9 also certifies that a payee is exempt from backup withholding.

The W-9 form is for self-employed persons or those parties working as an independent contractor; in contrast with the W-4 form which is for individuals who work for a particular employer and subsequently have taxes withheld by that employer.

A W-9 form is needed by both individuals and business entities such as S and C Corporations and Limited Liability Companies.



Form W-9 (Rev. August 2013) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.																																																												
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)																																																													
	Business name/disregarded entity name, if different from above																																																													
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶																																																													
	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____																																																													
	<input type="checkbox"/> Other (see instructions) ▶																																																													
	Address (number, street, and apt. or suite no.) City, state, and ZIP code List account number(s) here (optional)																																																													
Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> <tr> <td colspan="10" style="text-align: center;">- - - - -</td> </tr> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> <tr> <td colspan="10" style="text-align: center;">- - - - -</td> </tr> </table>			Social security number																				- - - - -										Employer identification number																				- - - - -									
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Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.																																																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Sign Here</td> <td style="width: 40%;">Signature of U.S. person ▶</td> <td style="width: 30%;">Date ▶</td> </tr> </table>			Sign Here	Signature of U.S. person ▶	Date ▶																																																									
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General Instructions Section references are to the Internal Revenue Code unless otherwise noted. Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9 . Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page. Purpose of Form A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to: 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the																																																														
withholding tax on foreign partners' share of effectively connected income, and 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9. Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are: • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.																																																														

Personnel Services City of Maple Valley

P.O. Box 320

Maple Valley, WA 98038

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I, _____, hereby authorize the City of Maple Valley or an independent investigating agency to conduct a thorough investigation of my personal and professional background including criminal and driving records.

I hereby release any current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are voluntary acts. This authorization shall be effective for employment investigations of the City of Maple Valley only.

It is my intention that any copy of this authorization be as effective as is the original.

APPLICANT IDENTIFICATION INFORMATION

Applicant's Legal Name _____
(Please print clearly) Last First Middle

Alias/Maiden/Other Name(s) _____

Street Address City State Zip

Date of Birth [MM/DD/YYYY] _____ Gender Male Female

Race: Please mark:

- ☐ American Indian or Alaska Native
- ☐ African American
- ☐ Asian
- ☐ White, Non-Hispanic
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander

Driver's License # _____ State _____ Phone _____

Position Applied for _____

Signature _____ Date _____

FOR OFFICE USE ONLY:

IRIS

WATCH

NCIC/DL



Maple Valley Parks & Recreation Classes

Frequently Asked Questions

(Instructors to fill out prior to classes starting)

Class Title: _____

Who are the instructor(s)?

1. Lead: _____ Cell Phone: _____

Email: _____

2. Name: _____ Cell Phone: _____

Email: _____

1. Do you permit students (or their parents) to call or email with questions using the above information? Yes___ No___ Comments:_____

2. Do you allow students to register after the first class of the session? Yes___ No___

Comments:_____

3. Prorating fees. If you permit registration after the first class what is your prorated per class fee? \$_____

4. What is the Drop in Rate? \$_____

5. What do the extra \$_____ fee (to be paid to the instructor) Include?_____

6. Are there any other fees?

7. What do I expect my first session?

8. May we bring food and drink to class? **No-** only water in rooms with wood floors

9. How is your class structured?

10. How old should my child be to start classes?

11. What clothing should be worn at class?

12. What shoes should be worn at class?

13. How will you provide a place for spectators during the class?

14.. List other information you want to provide to the students' and their children when they call the Parks & Recreation office with questions. **Use reverse or additional sheets to provide more info.**



Date: _____

**Contracted Instructor's
Administrative Request for Change**

Student Name: _____

Course Name: _____

Session: _____

Administrative Request:

_____ Credit	\$ _____
_____ Refund	\$ _____
_____ Cancelation	\$ _____
_____ Other	\$ _____

Reason for request:

Instructor's signature: _____

Office use only:

Received by: _____	Date: _____	Time: _____
Entered in Sportsman by: _____	Date: _____	

City of Maple Valley Parks and Recreation Department
Annual Participant Medical Information Form

24

All class participants are required to complete and return (to you instructor) this medical information form annually. It will remain on file with the class instructor and used only in case of emergency.

Today's Date: _____

New student _____ Repeat student _____

Name of Class _____ Instructors name: _____ Class Dates: _____

General Information:

Participant Name: _____ Age: _____ Birth Date: _____

Gender (circle): Male _____ Female _____

Email: _____ Address: _____ City: _____

Zip: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact Information: (other than parent/guardian or doctor). This person will be called if contact cannot be reached using the above information.

Print Name: _____ Relationship to participant: _____

City: _____ Home Phone: _____ Cell phone number: _____

Name of person completing this form: _____ Relationship _____

Medical Information: Are you (your child) physically capable of participating in this class or activity? ☐ Yes ☐ No
Precautions, medical conditions or important information about your health that the instructor should know?

Currently take medications? No ☐ Yes ☐ List medications: _____

Allergies? No ☐ Yes ☐ List allergies: _____

Allergic to medications? No ☐ Yes ☐ List types of medication: _____

Have Food Allergies? No ☐ Yes ☐ List: _____

Heart conditions? No ☐ Yes ☐ List: _____

Known physical restrictions? _____

Physician Name: _____ Office City _____

Phone Number: _____

Medical Insurance Provider: _____ Policy #: _____

Last physical exam? Month _____ Year _____

Preferred emergency hospital: _____ City _____

Comments: _____

General Waiver:

I, _____ assume all risks and hazards incidental to participating in City of Maple Valley Parks & Recreation activities, and do hereby waive release, absolve, indemnify, and agree to hold harmless the City of Maple Valley and its employees, supervisors, participants, volunteers and contracted instructors, for any claim arising out of injury, damage, or personal loss incurred to myself or my family members in connection with the activities sponsored or co-sponsored by City of Maple Valley Parks and Recreation. I, undersigned, am fully aware of the potential dangers and risk inherent in these activities, including physical injury, death, or other consequences that may arise or result directly or indirectly from participation in these activities.


I have read and understand the above,


Signature of (adult 18+) participant: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____

Please promptly return this completed form to your instructor prior to participation. In addition, please communicate any conditions verbally as needed.

Instructors are responsible to complete a **City of Maple Valley Incident Report** for any injury or Incident, occurring before, during or after their class. Furthermore, the report should be used by the instructor or staff if they witness any incident occurring on City of Maple Valley property. **All reports are due to Parks & Recreation Staff within 12 hours to the incident.**

 Parks & Recreation	<h2 style="margin: 0;">Incident Report (Medical/Rescue)</h2>		Incident Number (for office use only)	
			Date of Incident / /	
			Time of Incident :	
			Date of Report / /	
Type of Incident		Location of Incident		
Name of Victim (Last, First MI)		DOB / /		Phone Number () -
Street Address		City		State Zip Code
Rescue: (Use for water rescues)				
Type of Rescue		Location of Victim		
Medical: (Use for any first aid/medical assistance rendered by staff)				
Called: Aid/FD <input type="checkbox"/> MVPD <input type="checkbox"/> KCSO Dive Team <input type="checkbox"/> Recommended to: See M.D. <input type="checkbox"/> Go to ER <input type="checkbox"/>				
Time Called :	Time Arrived :	Responding Agency(s)		
Where did the incident occur				
What activity was the victim engaged in at the time of the accident				
Location of first contacted with a Staff Person(s)		Name and Title of Staff Person first contacted		
Symptoms of the Victim				
Action taken				
Supplies and Materials used				
Staff On duty/involved				
Name		Title		
Parent/Guardian Notified:		Yes <input type="checkbox"/> No <input type="checkbox"/> attempted, but Unable to Contact <input type="checkbox"/>		Name of person contacted
Relationship to Victim		Contacted by		
Disposition: Remained at Park <input type="checkbox"/> Went Home <input type="checkbox"/> Went to M.D. <input type="checkbox"/> Went to Hospital <input type="checkbox"/> Other: _____				
Transportation: Walked <input type="checkbox"/> Private Car <input type="checkbox"/> Ambulance <input type="checkbox"/> Other: _____				
Name of Ambulance Company		Name of Driver (if private car)		
Report Completed by		Supervisor Reviewing Report		
Signature		Signature		
NOTE: If 911 is called the must also complete reverses side of this form, and a written statement from all on duty staff is required. Also any incidents in the lodge require a narrative.				

City of Maple Valley Parks & Recreation PO Box 320 Maple Valley, WA 98038 Tel: 425-432-9953 Fax: 425-432-9974 http://www.maplevalleywa.gov mark.ratcliffe@maplevalleywa.gov	COURSE PARTICIPANT EVALUATION <i>Please submit to</i> <i>instructor</i> <i>or Recreation</i> <i>office</i>	 <p>The City of MAPLE VALLEY Parks & Recreation</p>
Answer Questions and/or Rank Below - 5 being the most favorable and 1 being the least.		
How are we doing? You can help us to better serve you by taking a few minutes to complete this participant evaluation. Name of Class: Instructor's Name: Class Location:	Optional information for follow-up with you. Name: _____ Day Phone: _____ Email: _____	
The class/instructor provided me with the information that I expected. 1 2 3 4 5 Comments:	Age group of those in your family that participate in Maple Valley Recreation & Parks activities/classes (circle all that apply): 0-5 years 18-21 years 6-11 years 22-49 years 12-17 years 50+	
The class is/was offered at a convenient time. 1 2 3 4 5 What would be the most ideal time for you?	List the Maple Valley Parks & Recreation activities that you/your family participate in.	
I received my money's worth from the program. 1 2 3 4 5 Comments:	Is there an activity that we don't offer that you would like to participate in?	
The registration process was easy and efficient. Online 1 2 3 4 5 NA Phone 1 2 3 4 5 NA Fax 1 2 3 4 5 NA Walk-in 1 2 3 4 5 NA Other 1 2 3 4 5 NA Comments:	How did you hear about the class/activity? Activity Guide Web site Friend Newspaper Flyer Other Comments:	
How would you rate the facility where the class is held? 1 2 3 4 5 Comments:	Would you like to offer any comments or a testimonial? Comment here or on back of evaluation sheet. Can we publish your comment? Yes No Your Name:	
What are your zip codes? Residence Work	Home Phone: Work Phone:	
In order to improve participant experiences please fill out this survey to ensure positive growth. It is the contractor's responsibility to pass evaluations out at the end of each session. Please return survey's to the Parks & Recreation office. Use additional side for other comments. Thank you!		



City of Maple Valley Parks & Recreation Department
NEW CLASS PROPOSAL FORM

Instructor _____
 Organization _____
 Address _____
 City _____ Zip _____
 Preferred Phone _____
 Alt. Phone & Email _____

Information listed below represents a proposal I am submitting for consideration by the City of Maple Valley Parks & Recreation Department.

Class/Program Title _____

PROGRAM DESCRIPTION

GENERAL INFORMATION

First Choice

Weekday(s) this class is offered: **Su M T W Th F Sa**
 Proposed Start Date _____ Proposed End Date _____
 Beginning Time _____ Ending Time _____

Second Choice

Weekday(s) this class is offered: **Su M T W Th F Sa**
 Proposed Start Date _____ Proposed End Date _____
 Beginning Time _____ Ending Time _____

Please circle the **seasons** this program would be offered.

WINTER January-March
 SPRING April-June
 SUMMER June-August
 FALL September-December

Please describe the **ages** this program would be offered for.

From _____ to _____ years

Min. # of Students _____ Max. # of Students _____

Proposed **Fee** Charged for the Class \$ _____

SUPPLIES & EQUIPMENT

Facility Requirements

Equipment or supplies provided by the **Instructor**.

Equipment or supplies provided by the **Recreation Department**.

INSTRUCTOR PAYMENT INFORMATION

How instructor would like to be paid for services rendered: (please choose one option)

☐Percentage split of **70% to instructor / 30% to City of Maple Valley**.☐

Volunteer Time/No Payment Requested

Do you have current CPR & First Aid Certification? Please list dates of certification.

CPR _____ First Aid _____

Do you currently possess Commercial Liability Insurance? ☐ Yes ☐ NoHave you taught this class before? ☐ Yes ☐ No

If yes, when? Where? _____

Please explain the experience you have teaching this class or cross training experience that enables you the ability to teach the proposed class.

Please list at least 2 professional references.

Name

Organization

Phone Number

Instructor Signature _____ Date _____

Please Return To:

City of Maple Valley Parks & Recreation

Attention: Recreation Manager

P.O. Box 320

Maple Valley, WA 98038